

RECEIVED
CENTRAL FAX CENTER
SEP 08 2004

FAX

ATTN. Wei Y. Zhen

Fax Number 1 703 872 9306

Phone Number 703 305 0437

FROM Volel Emile

Fax Number (512) 306-0240

Phone Number (512) 306-7969

SUBJECT Response to Office Action (09/964,998)

Number of Pages 15

Date 9/8/2004

MESSAGE

This fax transmission includes:

- 1. one copy of a Transmittal Form;**
- 2. one copy of a Fee Transmittal Letter; and**
- 3. one copy of the Response.**

Volel

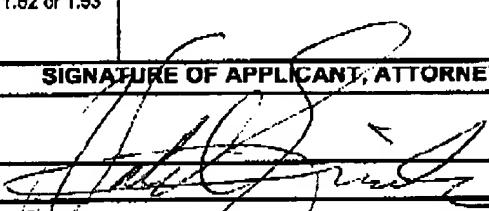
PTO/SB/21 (02-04)

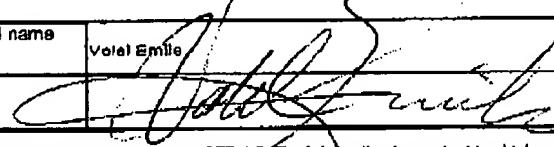
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/984,898
		Filing Date	09/27/2001
		First Named Inventor	Abdelhadi et al.
		Art Unit	2122
		Examiner Name	Wei Y. Zhen
Total Number of Pages in This Submission		Attorney Docket Number	AU920010904US1

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
			<input type="checkbox"/> Remarks
			<input type="checkbox"/>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual's name	Votel Emile
Signature	
Date	09/08/2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Votel Emile	Signature	
Signature		Date	09/08/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
DOCKET NUMBER: AUS920010904US1
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SEP 08 2004

In re: Application of:
Abdelhadi et al.
Serial No: 09/964,998
Filed: 09/27/2001
Title: APPARATUS AND METHOD OF
PROVIDING COMMON DISTRIBUTED
SERVICES FOR SYSTEM MANAGEMENT
APPLICATIONS ACROSS HETEROGENEOUS
ENVIRONMENTS

: Before the Examiner:
Wei Y. Zhen
: Group Art Unit: 2122
: Confirmation No.: 2722

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

No additional fee is required
 The fee has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	20	MINUS	20	= 0	x 18 = \$ 0.00
Indep.	4	MINUS	4	= 0	x 86 = \$ 0.00
1st Presentation of Multiple Dep. Claim					x 290 = \$ 0
					TOTAL \$ 0.00

Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

By:

Volei Emile
Registration No. 39,969
(512) 306-7969